

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6		1				
7		6				
8						
9						
10						
11		6				
12		1				
13						
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16						
17	1					
18	1					
19		1				
20		2				
21		1				
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26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
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36		3				
37		3				
38		1				
39		3				
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45						
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48						
49						
50						
TOTAL IND.	15					
TOTAL DEP.	40					
TOTAL CLAIMS	56					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						